

**TRANSMITTAL  
FORM**

(To be used for all correspondence after initial filing)

|  |                      |                     |
|--|----------------------|---------------------|
| Total Number of Pages in This Submission | Application Number   | 10/587,371          |
|  | Filing Date          | July 26, 2006       |
|  | First Named Inventor | Ho Sung CHO         |
|  | Art Unit             | 1647                |
|  | Examiner Name        | Shulamith H. SHAFER |
| Attorney Docket Number                   |                      | AMBX-0028.00US      |

**ENCLOSURES (Check all that apply)**

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| <input type="checkbox"/> Fee Transmittal Form<br><input type="checkbox"/> Fee Attached<br><input checked="" type="checkbox"/> Amendment/Reply<br><input checked="" type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input checked="" type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input type="checkbox"/> Information Disclosure Statement<br><br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Reply to Missing Parts/<br>Incomplete Application<br><input type="checkbox"/> Reply to Missing Parts<br>under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a<br>Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation<br>Change of Correspondence Address<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s) _____<br><input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC<br><input type="checkbox"/> Appeal Communication to Board<br>of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to TC<br>(Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input checked="" type="checkbox"/> Other Enclosure(s) (please identify<br>below): |
| <b>Remarks</b><br>Request for Continued Examination (RCE) Transmittal (1 page); and Return-receipt postcard.  |  |  |

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

|              |                  |          |        |
|--------------|------------------|----------|--------|
| Firm Name    |                  |          |        |
| Signature    |                  |          |        |
| Printed name | Kristin S. Eaton |          |        |
| Date         | October 11, 2011 | Reg. No. | 51,561 |

**CERTIFICATE OF TRANSMISSION/MAILING**

|   |                  |      |                  |
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| Signature   |                  |      |                  |
| Typed or printed name   | Kristin S. Eaton | Date | October 11, 2011 |

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